



Safety Suggestion Form

Affected Department		Date	
DESCRIPTION/LOCATION. Briefly describe the hazard/concern which you believe exists. Indicate any ideas you have for improvement. Specify the particular building or worksite.			
Has this condition been brought to the attention of your supervisor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name <input type="checkbox"/> My name may be revealed	
Print Name:		Signature:	

Return to Environmental, Health, and Safety Coordinator's office at:

City Hall, Third Floor
 207 Lafayette
 457-8255